

Name In Full *May Adams*  
 Town *Berres* County *Charles* MARYLAND  
 Died at *Charles*  
 Date *1903* Month *May* Day *12* Y. *69* M. *69* D. *69* Native of *Charles Co* Occupation *House wife*  
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☐  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *7*  
 Husband of *James A Adams*  
 Wife *James A Adams*  
 Father's Name *Charles Garner* Mother's Maiden Name *Mary Garner*  
 Cause of Death { Primary *Heart failure* How long sick *179* Sudden  
 Immediate *Heart failure* Accident, Suicide, Homicide  
 Reported by *G.O. Munoz MD*  
 Address *Woods Mill*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

James Campbell

## CERTIFICATE OF DEATH

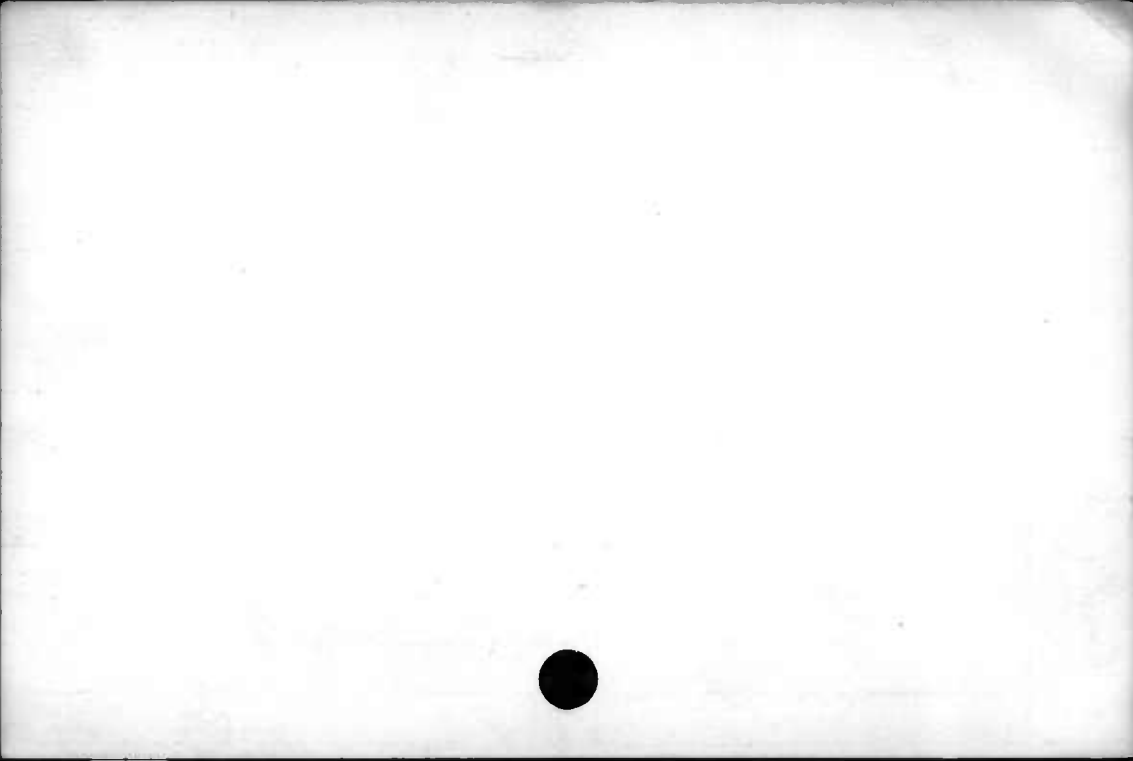
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pommy</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>10</i>	Age	Years	Months
Sex <i>male</i>		Color or Race <i>African</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>none.</i>		
Name of Wife or Husband <i>Mary Campbell</i>					
Father's Name <i>James Campbell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Datcher</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>92</i>	How long	<i>Life time</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. L. Hayum M.D.</i>
		Address	<i>Mason Springs Ind.</i>
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

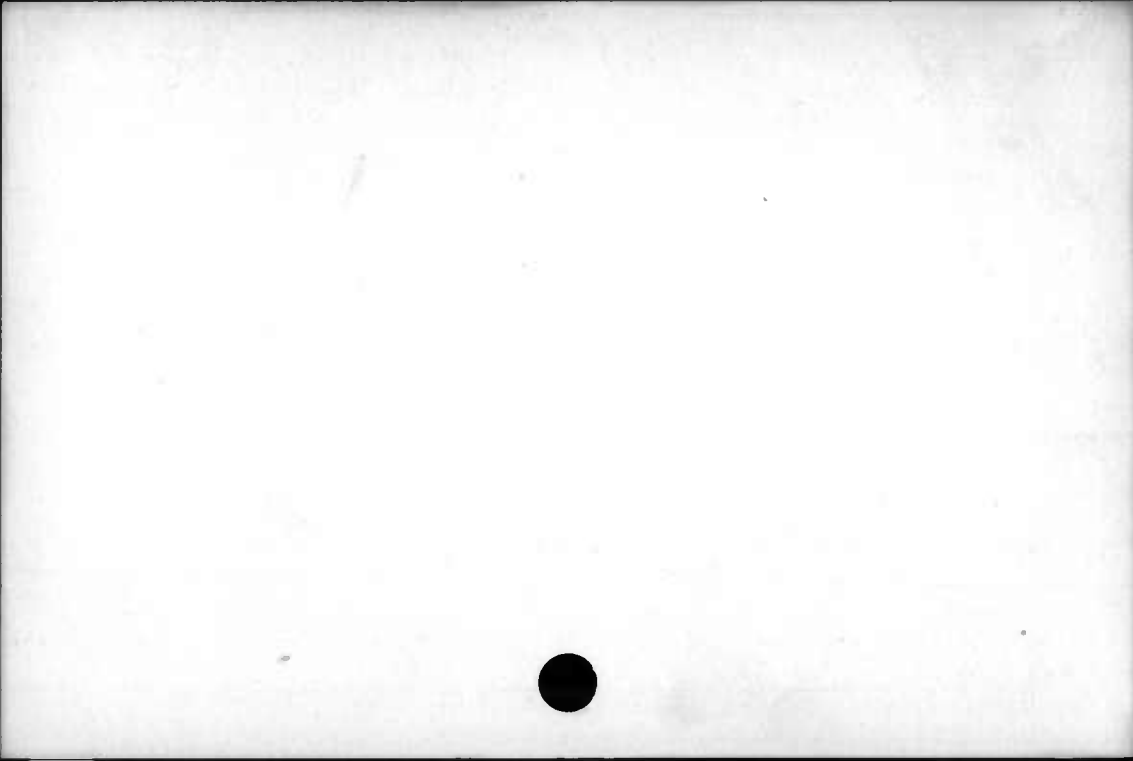
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Waldorf</i>		Town		County <i>Charles</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>28</i>	Age	Years	Months <i>1</i>	Days <i>6</i>	
Sex		Color or Race <i>black</i>		Birth-place <i>Charles Co</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name		<i>Frank Garner</i>		Father's Birthplace		<i>Charles Co</i>	
Mother's Maiden Name		<i>Norah Lee</i>		Mother's Birthplace		<i>Charles Co</i>	
Name of person giving information		<i>Nelson Lee</i>		How related to deceased		<i>Grand father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<del>151</del> 151	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Hatcher</i>	
	Address	
Accident or Suicide?		



Name in Full

Certificate of Death

Clarence R Hackerson

Town

County

Died at

Blanton Delight

Charles

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 31

Age

1

6

-

Md

none

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

none

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

93

How long sick

Death

Immediate

Congestion of Lungs

Accident, Suicide, Homicide

Reported by

C. S. Carpenter Undertaker

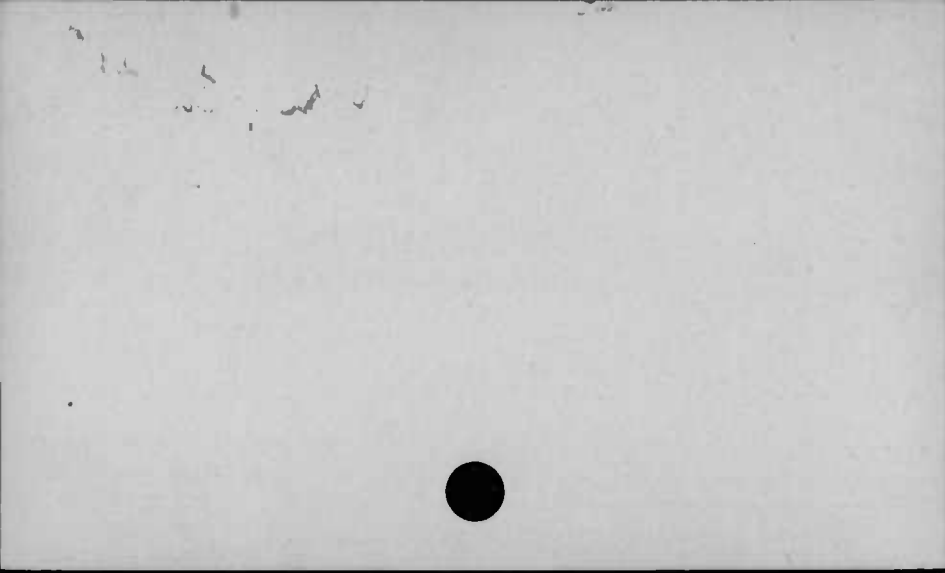
Address

Pisgah

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895





Name  
in  
Full

Mariette Hackerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Pasgah <sup>Town</sup> Charles <sup>County</sup>

**Date** of death 190 3 <sup>Month</sup> 5 <sup>Day</sup> 6 <sup>Age</sup> 57 <sup>Years</sup> Months Days

**Sex** Female **Color or Race** C **Birth-place** Md.

**Married, Single** on Widowed **Occupation** Wife

**Name of Wife or Husband** Joseph A Hackerson

**Father's Name** Edward Chum **Father's Birthplace** Md

**Mother's Maiden Name** Catherine Chum **Mother's Birthplace** Md

**Name of person giving information** John E Hackerson **How related to deceased** Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

**Primary** Phthisis Pulmonalis **How long** 3 years.

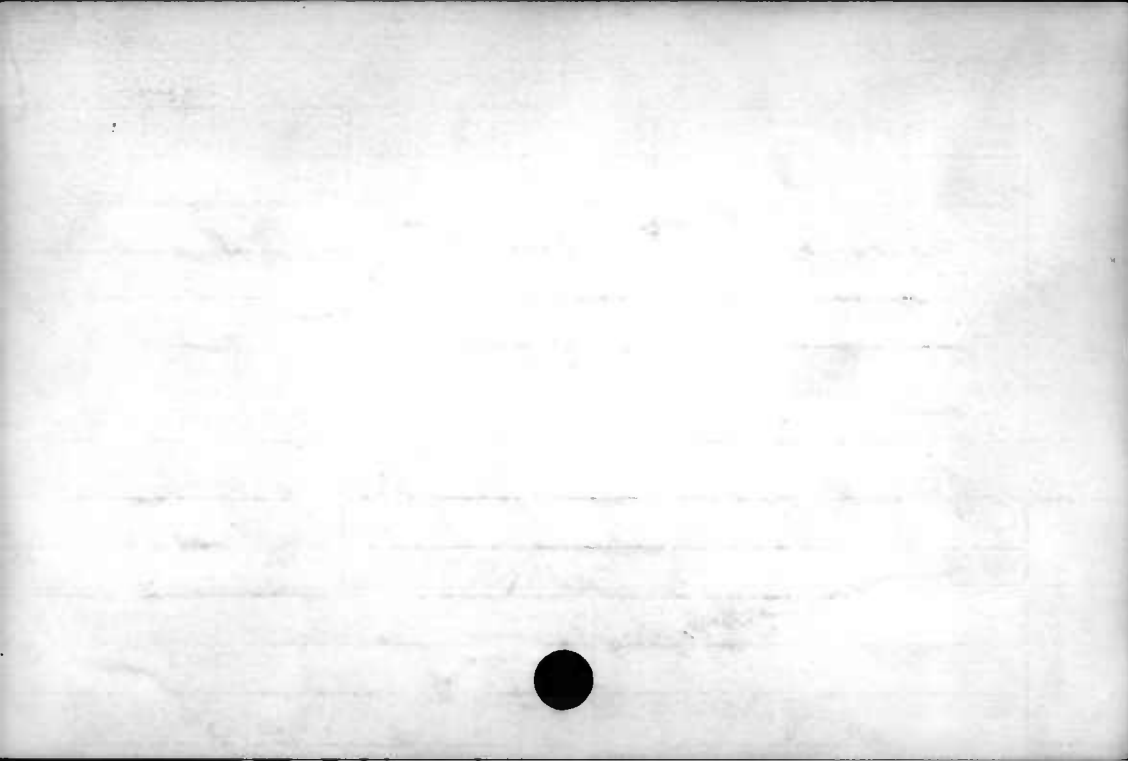
**Immediate** Asthma, Cardiac Complication **How long** 4 months

**Are the name, age, sex, color, date and place correctly given above?** Yes

**Signature of Physician** Daniel L. Hays

**Address** Mason Springs Md

**Accident or Suicide?**



Name in Full

Certificate of Death

William Francis Hungerford

Died at Chaple Point Town Charles County MARYLAND

Date 1903 May 6 Month Day Y. M. D. 2 7 6 Age Maryland Native of Occupation  
Male White Married Widow Divorced Female Colored Single Widower Number of children living

Husband of Wife  
Father's Name J. Frank Hungerford Mother's Name Mary E. Hungerford

Cause of Primary Tuberculosis How long sick 1 Year  
Death Immediate Asphyxia 27 Accident, Suicide, Homicide

Reported by Esperanza

Address Bel Alton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Maryland  
LIBRARY BUREAU, 65968



Name in Full

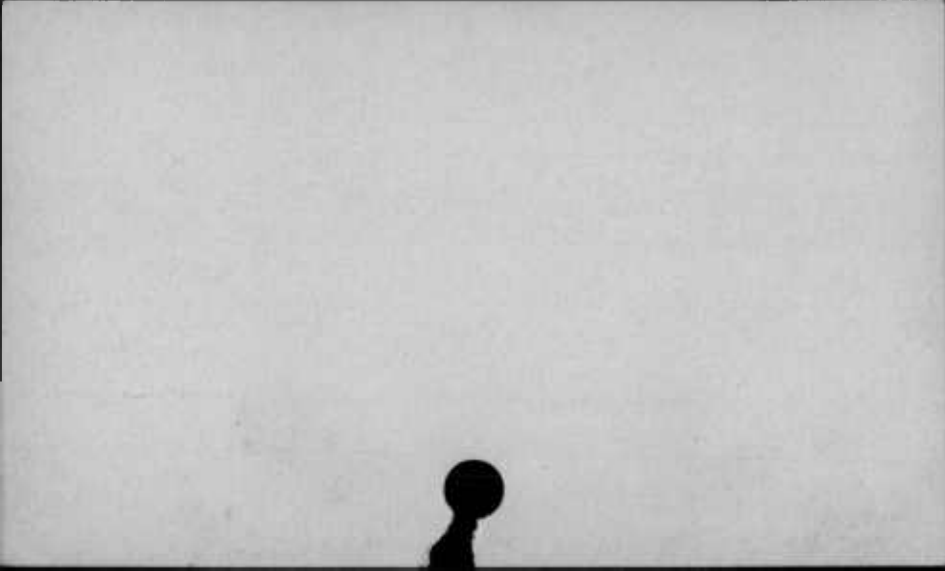
Certificate of Death

James H. Long  
 Town Nanjemoy County Chas  
 Died a  
 Date 1903 May 13  
 Male White Married 59 Native of Md Occupation Farmer & Merchant  
 Female Colored Single Widower Number of children living 4

Husband of  
 Wife  
 Father's Name Wm Long Mother's Name Charline A. Long  
 Cause of Death Primary Organic heart disease died Suddenly  
 Immediate Induced by alcoholism Accident, Suicide, Homicide

Reported by S. H. Speake Md  
 Address Grayton Md

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Marshall

Died at <sup>Town</sup> Alexandria <sup>County</sup> Lebanon MARYLANDDate 19 03 <sup>Month</sup> May <sup>Day</sup> 26 <sup>Y.</sup> 24 <sup>M.</sup> - <sup>D.</sup> - <sup>Native of</sup> Ind <sup>Occupation</sup> Survivor

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's Name Patrick Marshall <sup>Mother's</sup> Sallie Young  
 Maiden Name

Cause of Death { <sup>Primary</sup> Pulmonary Tuberculosis <sup>How long sick</sup> 1 year  
 { <sup>Immediate</sup> Asthma Accident, Suicide, Homicide

Reported by Dr. C. L. Leslie  
 Address St. Louis Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





Name  
in  
Full

No Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

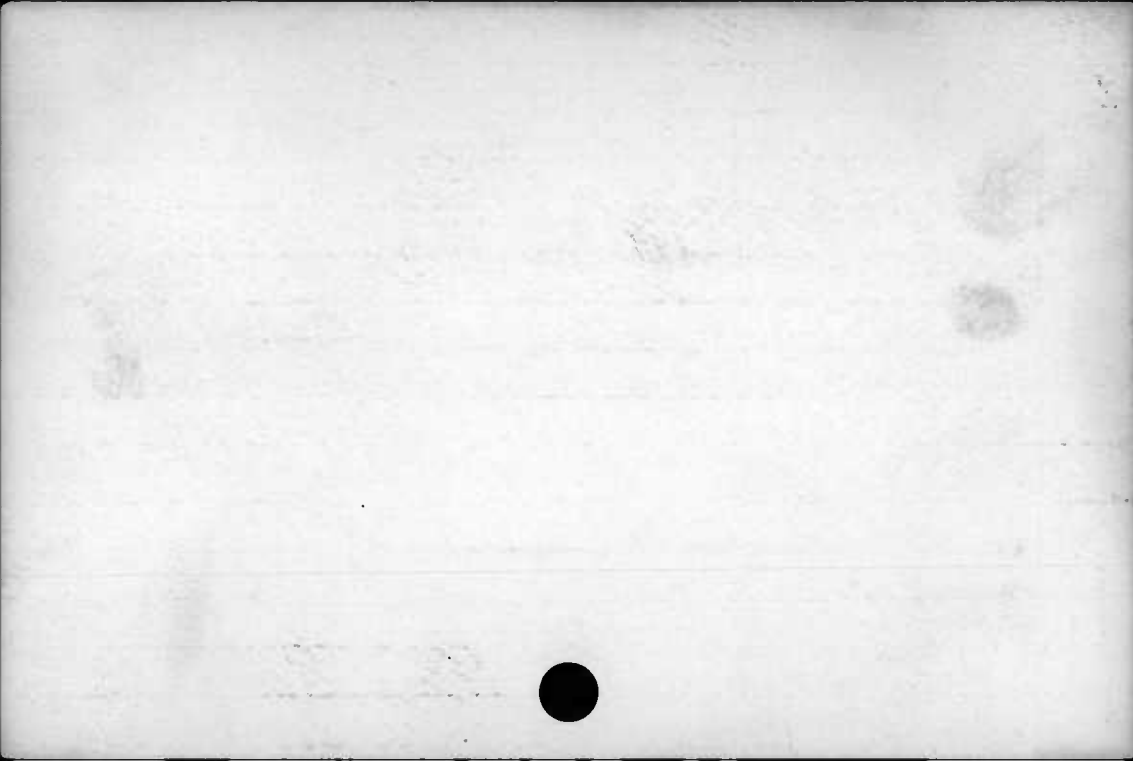
MARYLAND

Died at		Town <i>Micmic</i>		County <i>Chavis</i>	
Date of death 1903	Month <i>May</i>	Day <i>4</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>girl</i>		Color or Race <i>Colored</i>		Birth-place <i>Micmic</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Gale Lunn</i>			Father's Birthplace <i>Micmic</i>		
Mother's Maiden Name <i>Hagun - Field</i>			Mother's Birthplace <i>Micmic</i>		
Name of person giving information <i>L. W. Morris</i>			How related to deceased <i>none</i>		

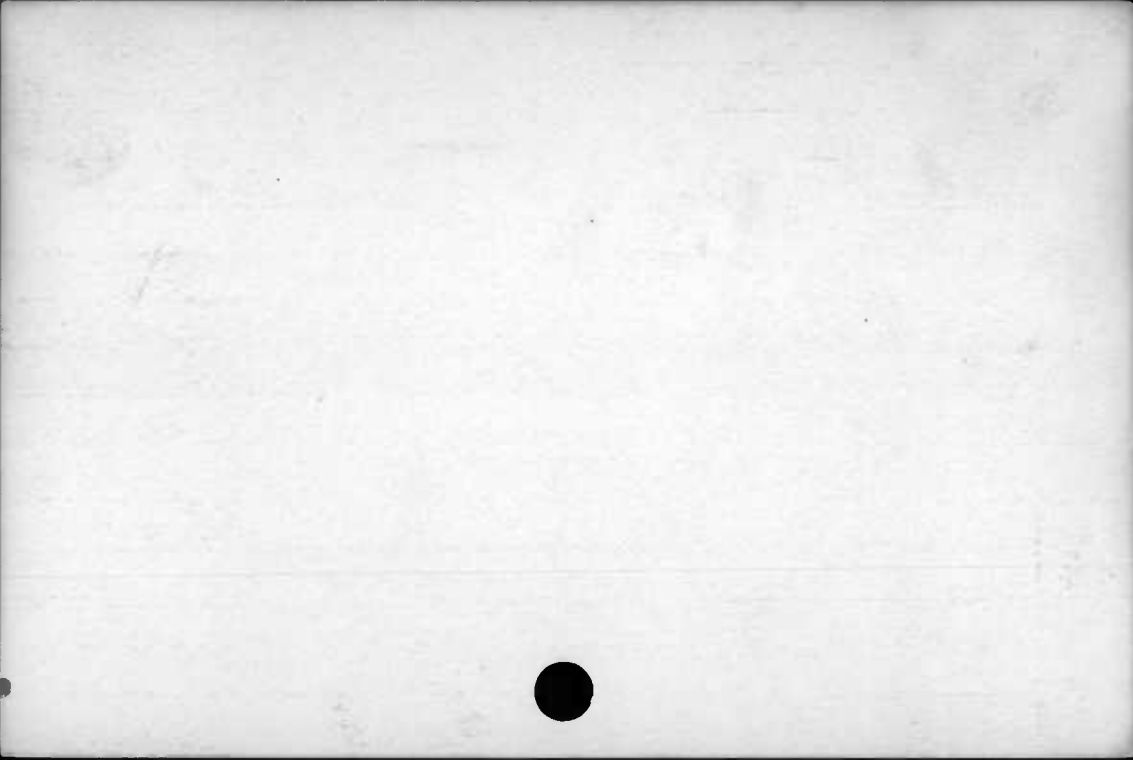
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>not known</i>	How long	<i>three days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>179</i>	
		Address	
Accident or Suicide?			



Name in Full		Still Born				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Merrins				Cottas		
	Date of death 1903	Month	Day	Age	Years	Months	Days
	Jany		18				
	Sex	Boy		Color or	Birth-place		
					Perrins		
	Married, Single or Widowed				Occupation		
Name of Wife or Husband							
Harrist - Luman							
Father's Name					Father's Birthplace		
Jobe Luman					St. Marys Co		
Mother's Maiden Name					Mother's Birthplace		
Harrist - Luman					Cottas Co		
Name of person giving information					How related to deceased		
Jobe, Luman					Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
					How long		
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?							



Name in Full

Certificate of Death

Margaret E Rison

Town

County

Died at Indian Head, Charles

MARYLAND

Date 1903 May 20<sup>th</sup> Y. M. D. Age 24-7-28 Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Robert E Rison Mother's Name Mary Rison

Cause of Death { Primary Acute Pulmonary Tuberculosis How long sick Four years

Immediate Asthenia 27 Accident, Suicide, Homicide

Reported by Harry Lee Brown, M.D. U. S. Navy.

Address 70 Naval Proving Ground, Indian Head, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060



Name in Full

Certificate of Death

J. M. Truman Pearasley Shaw

Town

County

Died at Indian Head, Charles

MARYLAND

Date 1903 May 2<sup>nd</sup> Age 71 6 5 Month Day Y. M. D. Native of Pennsylvania Occupation Merchant

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none

Husband of Belle V Shaw

Father's Name Not known

Mother's Name 81 Not known

Cause of Death Primary Immediate Rupture of aneurism of Arch of the Aorta

How long sick Five years.

~~Accident, Suicide, Homicide~~

Reported by Harry Lee Brown, M.D.

Address Indian Head, Md. U. S. Naval Proving Ground.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Mattie May Skinner

Died at <sup>Town</sup> Crow Roads <sup>County</sup> Chance,

MARYLAND

Date 19 <sup>Y.</sup> 23 <sup>M.</sup> May <sup>D.</sup> 31<sup>st</sup> <sup>Native of</sup> <sup>Occupation</sup>

<sup>Age</sup> 11 <sup>Male</sup> <sup>Female</sup> <sup>White</sup> <sup>Colored</sup> <sup>Married</sup> <sup>Single</sup> <sup>Widow</sup> <sup>Widower</sup> <sup>Divorced</sup> <sup>Number of children living</sup>

Husband of

Wife

Father's Name Samuel S Skinner Mother's Name Rosa Warden

Cause of Death { Primary Sumner Complaint How long sick 4 days

Immediate 105 Accident, Suicide, Homicide

Reported by Timothy Skinner Unobserved

Address No Dr in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 19898



Name In Full

Certificate of Death

Henry S. Shales  
 Town County

Died at

Waldorf Charles

MARYLAND

Date 1903

Month Day

May 28

Y. M. D.

Age 75

Native of

Chas. Co.

Occupation

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

4

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Incurable

Death

Immediate

Pneumonia

How long sick

18 days

Accident, Suicide, Homicide

Reported by

E. D. Thomas

Address

Waldorf Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893



Name In Full

Certificate of Death

Richer Hotley Thomas

Town

County

MARYLAND

Died at

Pomfret

Chas

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

May 16

Age 17

Ind

Laborer

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Child

Father's

Mother's

Name

Maiden Name

Robert Thomas

Sarah Carpenter

Cause of

Primary

How long sick

12

Death

Immediate

Measles

Accident, Suicide, Homicide

Reported by

Father Robert Thomas

Address

Pomfret Ind • Willis Mahoney

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Edith Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>M<sup>c</sup>Donchua</i>		Town <i>Chol</i>		County	
		Date of death 190 <i>3</i>		Month <i>5</i>	Day <i>3</i>	Age <i>24</i>	Years <i>24</i>
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Chol 6<sup>th</sup> M<sup>d</sup></i>	
		Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
		Name of Wife or Husband <i>John Thomas</i>					
		Father's Name <i>Phil Jenkins</i>				Father's Birthplace <i>Chol 6<sup>th</sup> M<sup>d</sup></i>	
		Mother's Maiden Name <i>Harrisgracia Sewell</i>				Mother's Birthplace <i>" " "</i>	
		Name of person giving information <i>John Thomas</i>				How related to deceased <i>Husband</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Consumption</i>				How long <i>5 mo</i>	
		Immediate <i>Heart Failure</i>				How long <i>1 day</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>None attending</i>	
						Address	
		Accident or Suicide?					

Repr. by

Wm F Browne



Name  
in  
Full

Catherine Washington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Indian Head <sup>County</sup> Charles

<sup>Month</sup> 5 <sup>Day</sup> 24 <sup>Years</sup> Age 50

Date of death 1903

Sex Female Color or Race C Birth-place Ind

Married, Single or Widowed Occupation Home

Name of Wife or Husband

Father's Name Leigh Washington Father's Birthplace Ind

Mother's Maiden Name Catherine Gainer Mother's Birthplace Ind

Name of person giving information Geo Washington 29 How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Phthisis Pulmonalis How long 18 1/2 years

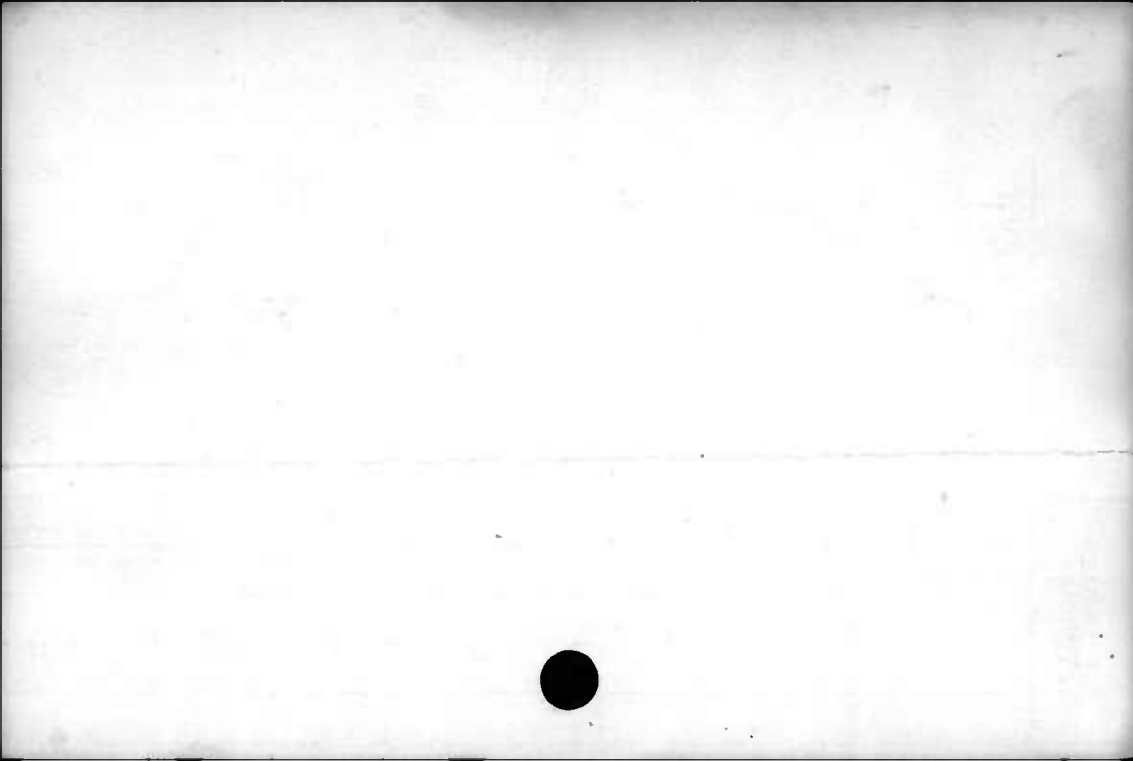
Immediate Aethmia Cordis How long Three months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo. L. Hanson M.D.

Address Mason Springs Ind.

Accident or Suicide?



Mary M. B. Wilkerson

Town

County

Died at Pomfret

Charles

MARYLAND

Date 1903	Month May	Day 16	Age 30-	Y. M. D.	Native of - Md -	Occupation Home wife
<del>Male</del>	White	Married	Widow	Divorced		
Female	Colored	Single	Widower		Number of children living 5-	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

